

**Job Corps Model Bloodborne Pathogens Exposure Control Plan**  
**{Center Name} JOB CORPS CENTER**  
**OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

**I. PURPOSE**

The purpose of the Bloodborne Pathogen Exposure Control Plan is to:

- A. Help identify job classifications where there is no, low, or high risk of exposure to blood or other potentially infectious materials.
- B. Explain the protective measures in effect to prevent occupational exposure to blood or other potentially infectious materials and a schedule and methods of compliance to be implemented. This includes Hepatitis B vaccination and post-exposure follow-up procedures, how hazards are communicated to employees, personal protective equipment, housekeeping, and record keeping.
- C. Establish procedures for evaluating the circumstances of an exposure incident.

**II. POLICY**

It is the policy of the {Center Name} Job Corps Center to develop, implement, and maintain exposure control procedures in compliance with the Occupational Health and Safety Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens, Final Rule (29 CFR Part 1910.1030), and to comply with the Requirements of HR5178, the Federal Needlestick Safety and Prevention Act.

**III. RESPONSIBILITY**

Responsibility for implementation and effective maintenance of the Bloodborne Pathogens Exposure Control Plan is assigned as follows:

- A. The Center Director will ensure that the Plan is known to employees and, as applicable, to trainees.
- B. The Health and Wellness Center (HWC) Director will deliver in-service training for all employees and, as appropriate, trainees to ensure all use personal protective equipment (PPE) and are offered Hepatitis B vaccine. The HWC Director will assist the Human Resources Director with any reported exposure.

All staff involved in collecting blood and giving injections will be trained

Attachment A

regarding:

- Needlestick Safety and Prevention Act
  - Sharps safety and injury prevention in the workplace setting
  - Use of new equipment
  - Procedure to follow in case of sharps injury
- C. The Center Safety Officer will assist with in-service training to enforce compliance with the Plan's various standards and procedures.
- D. The Human Resource Director will coordinate the in-service training schedule for all employees, and maintain employee vaccine records and exposure reports. New employees will receive orientation to the Plan (as part of training in Hazardous Material Recognition) within the first 90 days of employment.
- E. Each Area Director, with the Center Safety Officer, will ensure that those trainees who are exposed to blood or potentially infectious materials are properly trained in the appropriate parts of the Plan.

#### IV. PROCEDURE

The following procedures will be used to train employees and trainees in minimizing unhealthy situations when exposed to blood and other infectious materials:

- A. Requirements for All Employers With Employees Who May Be Occupationally Exposed - Reference 29 CFR 1910.1030 (c) (1) (I) – (c) (2) (I) (c)
1. {Center Name} Job Corps Center maintains a job classification list that identifies the potential occupational exposure risk status of all center employees. (See Attachment 1 for a sample job classification list.)
  2. {Center Name} Job Corps Center will follow the procedures set forth in the Bloodborne Pathogens Standard, 29 CFR 1910.1030, for evaluating an exposure incident. (See Attachment 2 for sample exposure incident report form.)

Attachment A

3. Copies of this exposure plan are kept in all Directorial offices. The original plan is maintained by the Center Director in the Center Director's office.
  4. This plan will be submitted annually by 2/15 for review and approval by the Regional Office, as well as updated whenever new information becomes available and/or when new employee positions with potential exposure are created. (See Attachment 3 for a sample review/revision control sheet.)
  5. This plan will be made available to OSHA representatives upon request.
- B. Engineering and Work Practice Controls - Reference 29 CFR 1910.1030 (c) (2) (I) - (d) (2) (xiv)
1. Appropriate personal protective equipment will be used depending on the task and the degree of exposure anticipated. For phlebotomy and all injections staff will use:
    - Sharps with engineered sharps injury protection for vacuum tubes and for syringes/needles
    - Retracting finger lancets
    - Blood drawing tubes made of plastic
  2. Standard (previously called Universal Precautions) precautions will be observed to prevent contact with blood or potentially infectious materials. All body fluid will be considered potentially infectious material.
  3. The hand-washing facility for Health and Wellness staff is located in all facilities. These facilities will be provided with antiseptic soap and paper towels for immediate use after contamination.
  4. Employees will wash hands immediately after removing gloves.
  5. Contaminated needles or other sharps will not be bent or broken, and will be disposed of per center procedures.
  6. Needles should be recapped only when there is no alternative and then only when a "one-handed technique" or with a protective device made for this purpose.

Attachment A

7. Contaminated disposable sharps will be placed in an appropriate sharps container, labeled with the biohazardous warning.
  8. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in health services work areas.
  9. Food or drink will not be kept in the refrigerator, freezer, or on shelves, cabinets, counter tops, or bench tops where blood or other potentially infectious material may be present.
  10. All procedures involving blood or potentially infectious material will be performed in a manner that minimizes splashing, spattering, spraying, or generation of droplets of these substances.
  11. Mouth pipetting or suctioning is prohibited.
  12. Blood specimens or other potentially infectious material will be placed in labeled, leak-proof containers. If such containers leak, they must be placed in a second impermeable container.
  13. All equipment will be examined before it leaves the premises to make sure it is not contaminated. Any equipment that may be contaminated and that cannot be completely decontaminated prior to being sent out for repair, servicing, or removal must have a biohazard label affixed to it.
  14. Center will solicit input from non-managerial employees responsible for direct trainee health care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice control plans. This solicitation shall be documented. (See Attachment 6.)
- C. Personal Protective Equipment (PPE) - Reference 29 CFR 1910.1030 (d) (3) (I) - (d) (3) (xii)
1. {Center Name} Job Corps Center will supply, at no cost to the employee, PPE appropriate to the reasonably anticipated exposures conducted in health services or required for emergency response.
  2. The HWC Director will ensure that all PPE is used by employees in those areas where exposure of bloodborne pathogens is likely to occur. This includes plastic blood drawing tubes, retractable finger lancets and needles with engineered sharps injury protection for phlebotomy vacuum tubes and for all needle/syringe combinations.

Attachment A

3. If the use of PPE prevents the delivery of health care or increases the hazard to staff, PPE may be omitted, but a report of the circumstances must be made to the Safety Officer and to the HWC Director for review.
4. PPE will be stored in health services. PPE will be supplied to employees in the appropriate sizes.
5. Hypo-allergenic gloves will be supplied to any employee with an allergy to standard gloves.
6. Cleaning, laundering, or disposal of PPE will be provided at no cost to the employee. Home laundering of PPE is prohibited.
7. Damaged PPE will be replaced or repaired to its original effectiveness.
8. If PPE becomes saturated or penetrated by potentially infectious material, the PPE will be removed as soon as feasible.
9. All PPE will be removed prior to leaving the center.
10. PPE will be placed in the appropriate area or storage container for laundering, storage, decontamination, or disposal.
11. Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other infectious materials, mucous membranes or skin contact, or when performing vascular access procedures.
12. Disposable or single-use gloves, such as surgical or examination gloves, will be replaced as soon as feasible when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised.
13. Single-use gloves will not be washed or reused.
14. If splashes, sprays, spatters, drops of blood, or other infectious materials could contaminate an employee's eyes, nose, or mouth, the center will provide eye protection or face shield.
15. If gross contamination is present, employees will be provided with appropriate PPE.
16. PPE is included in each first aid kit.

D. Housekeeping Rules - Reference 29 CFR 1910.1030 (d) (4) (1) -

Attachment A

(d) (4) (iv) (B)

1. All regulated waste will be disposed of in accordance with city, county, or state regulations. A copy of these regulations is maintained {location of where records are maintained}.
2. All surface areas in the exam rooms will be wiped down daily with germicidal cloths. If any area becomes contaminated during a procedure, such as treating a trainee with a nose bleed, it will be wiped down with 10% bleach solution.
3. All equipment and work surfaces that have become contaminated with blood or infectious material will be cleaned and disinfected as soon as feasible.
4. Any protective coverings on equipment, such as plastic wrap, aluminum foil, or absorbent paper, that becomes contaminated will be replaced by the end of the shift.
5. All pails, cans, bins, or similar receptacles intended for reuse will be decontaminated weekly.
6. Broken glass will not be picked up by hand but will be swept up with a broom or picked up with tongs.
7. Employees will place contaminated disposable sharps in an appropriately labeled sharps container. Reusable sharps will not be stored or processed in such a manner that an employee is required to reach into a container at the risk of injury.
8. Sharps will be placed in a sharp's container located as close to where they are needed as possible. Employees should avoid carrying sharps to other rooms.
9. Sharps containers will be closed prior to removal or replacement. If the primary sharps container leaks, it will be placed in a secondary, impermeable container, which will be closable, leak proof, and labeled with the biohazardous warning emblem.
10. Reusable containers will not be handled in such a way to put an employee at risk of exposure.
11. All regulated waste will be placed in closed impermeable containers. If the outside of the regulated waste container becomes contaminated, place

it in a secondary container, which will be closable, leak proof, and labeled with the biohazardous emblem prior to removal.

12. Contaminated laundry will not be handled in such a way to put an employee at risk of exposure.
13. Contaminated laundry will be removed prior to leaving the center and discarded in labeled laundry bag. Employees will not attempt to clean soiled garments in any way.
14. Contaminated laundry will be placed in bags or containers that prevent soak-through or leakage. Laundry will be designated contaminated by affixing a biohazardous warning labeled.
15. {Center Name} Job Corps Center will supply PPE to any employee who handles contaminated laundry.

E. Hepatitis B (HBV) Vaccination - Reference 29 CFR 1910.1030 paragraph (f)

1. All HWC staff must be offered the Hepatitis B vaccination series. All other center staff will be offered Hepatitis B immunization only upon exposure.
2. All trainees under the age of 19, Health Occupation trainees 6 weeks prior to clinical rotation, and foreign-born trainees returning to countries where Hepatitis B is endemic receive the Hepatitis B immunization series unless they refuse the immunization. The Vaccines for Children Program provides Hepatitis B vaccine at no cost for any trainee under age 19.
3. There will be no cost to the employee for these vaccinations.
4. If the employee does not take the series at the time offered, he or she may elect to take it at a later date at no cost.
5. If the employee declines the Hepatitis B vaccination, he or she must complete a form letter of declination.
6. Pre-screening can determine if an employee is already immune and does not need the vaccinations. Pre-screening may be offered to save the cost of unnecessary vaccinations, but is not required as a condition to be vaccinated. If an employee has already received

immunization for Hepatitis B, a signed statement of this fact will be retained.

Attachment A

7. An accurate record for all Hepatitis B vaccinations or declinations (see Attachment 4) will be maintained in the employee's personnel file.
8. If there is an exposure incident, all employees (including health staff who have previously refused immunization) are entitled to a confidential medical evaluation and follow-up at no cost. Such an incident must be reported to a supervisor immediately.
9. When an exposure occurs, staff will follow center accident/injury procedures, to include reporting on the OSHA 300 log in SHIMS. All efforts will be made to obtain a blood sample from the source individual. The source individual is not obligated to consent.
10. When an exposure occurs, an immediate baseline draw must be offered followed by another blood draw 6 months later. The initial draw will test for HBV immunity, Hepatitis C, and HIV status. The employee may refuse any or all of the testing. If an employee refused a blood draw, the refusal will be documented and signed by the employee (see Attachment 2).
11. If HBV or Hepatitis C immunity is not demonstrated and if medically indicated, an HBIG passive immunization will be offered followed by active immunization with Hepatitis B vaccine.
12. The findings and diagnosis of any exposure incident will be kept confidential. The center is not authorized to be informed of the results of the exposed employee's testing unless authorized by the employee. (See Attachment 5.)
13. An accurate record for any exposure incident will be maintained in the center files. These records will be kept for the duration of employment plus 30 years (see Attachment 2 for sample record of exposure).
14. Center will maintain a Sharp's Injury Log for 5 years (see Attachment 7).

F. Communication of Hazards to Employees - Reference 29 CFR 1910.1030 paragraphs (g) (1) (I) (A) - (g) (1) (I) (H)

1. Biohazardous warning labels will be affixed to any unit containing

potentially infectious material.

2. All biohazardous warning labels will be orange or orange-red and bear the biohazardous warning emblem.
3. All biohazardous warning labels will be affixed to the container; signs near or next to the container are unacceptable.
4. Equipment that may be contaminated or cannot be completely decontaminated must have a biohazard label affixed to the specific area of contamination.

G. Communication of Hazards to Employees - Training Requirements - Reference 29 CFR 1910.1030 paragraph (g) (2)

The training program will encompass the following areas:

1. Location of the document called “Bloodborne Pathogen Standard” and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases including Hepatitis B, Hepatitis C, and HIV.
3. An explanation of modes of transmission of bloodborne pathogens.
4. An explanation of the exposure control plan and the means by which the employee can obtain a copy.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
11. Information on the post-exposure evaluation and follow-up that the center is required to provide for the employee following an exposure incident.
12. An explanation of the signs and labels and/or coding required by paragraph 1910.1030 (g) (1).
13. An opportunity for interactive questions and answers with the person conducting the training sessions.
14. An accurate training record will be maintained, which includes the dates of training sessions, summary of content, names and qualifications of persons conducting the training, and names and titles of trainees. These records will be kept for 3 years.

## **JOB CLASSIFICATIONS**

- Job classifications in which all employees have occupational exposure:  
{List of positions, staff and students, that fit this category}
- Job classifications in which some employees or trainees may have occupational exposure:  
{List of positions, staff and students, that fit this category}
- Job classifications in which employees have occupational low exposure:  
{List of positions, staff and students, that fit this category}

## EXPOSURE INCIDENT REPORT

A. General Information Regarding the Exposure Incident

Name of Evaluator: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Date of Exposure to Incident: \_\_\_\_\_

Time of Exposure to Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Location of Exposure to Incident: \_\_\_\_\_

Type of Exposure (e.g. needle stick, blood slash, etc.):

Potentially infectious material to which the employee was exposed:

Name of Source/Source Individual (if known or appropriate):

B. Circumstances of the Exposure Incident and Failure Determination

C. Corrective and Preventive Actions

**Note:** The employee may refuse any or all of the testing. If an employee refused a blood draw, the refusal will be documented and signed by the employee.

The risks of a bloodborne occupational exposure have been explained to me and I understand the implications of my exposure. However, I refuse to have any or all testing done at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**REVIEW / REVISION CONTROL SHEET**

<b>Date of Annual Review / Revision</b>	<b>Description of Review / Revision(s)</b>	<b>Initials of Reviewer</b>

The following statement of consent to vaccinate with the Hepatitis B vaccination must be signed by an employee who chooses to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding Hepatitis B, Hepatitis C, and Hepatitis B vaccination; the efficacy, safety, method of administration, and benefits of vaccination; and the availability of the vaccine and vaccination free of charge to the employee.

CONSENT TO VACCINATE: I have been offered the Hepatitis B vaccine (HBV) at no cost to me. I acknowledge that I have received the following appropriate training regarding Hepatitis B, Hepatitis C, and Hepatitis B vaccination; the efficacy, safety, method of administration, and benefits of vaccination; and the availability of the vaccine. I give my consent to initiate the vaccination regime. I have denoted (by circling) the reason for my voluntary choice of vaccination:

New employee orientation \_\_\_\_ Exposure incident \_\_\_\_  
Occupation job change \_\_\_\_ Assessment of potential risk \_\_\_\_

I will not hold the center or its agents responsible for any adverse reaction I may have to the administration of the vaccine.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Witness Date

The following statement of declination of Hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding Hepatitis B, Hepatitis C, and Hepatitis B vaccination; the efficacy, safety, method of administration, and benefits of vaccination; the availability of the vaccine; and that the vaccination is free of charge to the employee. The statement is not a waiver; employees can request and receive the Hepatitis B vaccination at a later date if they remain occupationally at risk for Hepatitis B.

DECLINATION STATEMENT: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Witness Signature Date

**AUTHORIZATION FOR DISCLOSURE  
OF HIV AND HEPATITIS TEST RESULTS**

I hereby authorize \_\_\_\_\_, M.D., to release the HIV and/or Hepatitis test results of \_\_\_\_\_ (patient) to \_\_\_\_\_ (name of person or organization to which release is to be made).

This authorization is limited to the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

I may refuse to sign this authorization form. I understand that {Center Name} Job Corps Center will not condition or deny treatment on my signing this authorization.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. {Center Name} Job Corps Center's Notice of Privacy explains this process for revocation, which includes a request in writing.

Unless I revoke this authorization earlier, it will expire 6 months from the date signed or as specified \_\_\_\_\_.

I understand that, if this information is disclosed to a third party, the information may no longer be protected by state/federal regulations and may be re-disclosed by the person or organization that receives the information.

I release {Center Name} Job Corps Center, its employees and agents, medical staff members, and business associates from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

This authorization is effective immediately and shall remain in effect until \_\_\_\_\_ (date).

I understand that the requestor may not further use or disclose this medical information unless I authorize such further use or disclosure or unless such use or disclosure is specifically required or protected by law.

I further understand that I have a right to receive a copy of this authorization.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**HEALTH AND WELLNESS STAFF SURVEY REGARDING EQUIPMENT AND  
NEEDLESTICK GUIDELINES FOR BLOODBORNE PATHOGENS**

1. Do you feel your employer follows the standards set forth in the Bloodborn Pathogen Plan as directed by OSHA guidelines?

Yes  No

2. Does your employer purchase and provide the latest protective equipment for the use of staff to safeguard your health?

Yes  No

3. Do you feel you have adequate training in regard to safety in the workplace as it pertains to safe practices with needles and syringes, blood drawing devices, and other aspects outlined in the Bloodborne Pathogen Plan?

Yes  No

4. Do you feel the equipment you use is safe?

Yes  No

5. What other training or equipment do you think your employer should provide to promote safety and protect you as an employee?

---

---

